MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/608,804 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1							61					
2							62					
3				1			63					
4				1			64					
5				1			65					
6							66					
7			1				67					
8							68					
9				1			69					
10				1			70					
11				1			71					
12				1			72					
13				1			73					
14							74					
15				1			75					
16				1			76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.			1				TOTAL NO.					
TOTAL DEP.			10				TOTAL DEP.					
TOTAL			11				TOTAL					